

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND  
 CAMPAIGN DISCLOSURE  
 2010 MAY 18 AM 11:16

COMMITTEE NAME (Must be same as on Statement of Organization)

Winkler for State House

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
 (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Cindy Winkler

Political Party (if applicable)

DEMOCRAT

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

86

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
 REPORT

For Office Use Only

Comm. #

1229

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Thomas Engelmann  
 SIGNATURE OF PERSON FILING REPORT

563.386.2674  
 TELEPHONE

5/18/10  
 DATE SIGNED

I AM FILING A 5-19-10 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
 which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,336.93

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,185.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 4,521.93

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*also see debts and loans below)

496.40

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 4,025.53

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

100.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

1,476.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**WINCELLER FOR STATE HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1/9/10	ID# 6378 CK# 2165	I-VET PAC 1605 N ANKENY BLVD #110 ANKENY, IA 50021		\$ 1,000.00	<input type="checkbox"/>
1/9/10	ID# 6046 CK# 4624	JUSTICE FOR ALL PAC 218 6TH AVE STE 526 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
5/17/10	ID# CK#	SHERI CATWASHAN 2007 EMERALD DR DAVENPORT, IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	MARY ANN CHOUTEAU 4 THODE CT DAVENPORT, IA 52802		50.00	<input type="checkbox"/>
	ID# CK#	DENNIS DEPECKER 3400 CENTRAL AVE BETHLEHEM, IA 52722		25.00	<input type="checkbox"/>
	ID# CK#	AUDREY LEAVELLE 1127 W 15TH ST DAVENPORT, IA 52804		10.00	<input type="checkbox"/>
	ID# CK#	MISCELLANEOUS UNSYSTEMED CASH		130.00	<input type="checkbox"/>
	ID# CK#	SUSAN FREMBGEN 1033 KIRKWOOD BLVD DAVENPORT, IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	Bill GLUBA 2421 EDWARDS ST PAV IA 52803		10.00	<input type="checkbox"/>
	ID# CK#	ALISON HART 3330 TREMONT PAV IA 52803		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,600.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**Winkler for State House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/17/10	ID# CK#	CATHLEEN HART 2131 N HARRISON DAVENPORT, IA 52803		\$ 50.00	<input type="checkbox"/>
	ID# CK#	MARCO MARIN 2501 W 53RD ST #F-1 DAVENPORT, IA 52804		10.00	<input type="checkbox"/>
	ID# CK#	PATRICIA REYNOLDS 1034 W 14TH ST DAVENPORT, IA 52804	SISTER-IN-LAW	30.00	<input type="checkbox"/>
	ID# CK#	RUTH REYNOLDS 4506 SHERIDAN DAVENPORT, IA 52804	MOTHER	200.00	<input type="checkbox"/>
	ID# CK#	MARY ROTHBARTHAN 1607 W 12TH ST #406 DAVENPORT, IA 52804	SISTER-IN-LAW	25.00	<input type="checkbox"/>
	ID# CK#	LINDA SCHNEIDER 3918 43RD AVE CT BETTENDORF, IA 52722		25.00	<input type="checkbox"/>
	ID# CK#	JOE SENG 4804 NORTHWEST BLVD DAVENPORT, IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	DAVE THEDE 2343 HAWTHORNE CT BETTENDORF, IA 52722		25.00	<input type="checkbox"/>
	ID# CK#	DOUG WALTER 4651 NORFOLK PL BETTENDORF, IA 52722		50.00	<input type="checkbox"/>
	ID# CK#	RAJICE WALTON 4715 SPRING ST DAVENPORT, IA 52807		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 465.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)



<b>SCHEDULE A</b>	
(Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*Winckler for State House*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
5/17/10	ID# CK#	JACQUELYN WILCOX 217 S CADDY RD LONG GROVE, IA 52754		\$ 20.00	<input type="checkbox"/>
	ID# CK#	ROBERT SCHLICHTING 4921 FAIRHAVEN RD DUBUQUE, IA 52007		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 120.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 2185.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

KSTT Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONEYARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

WINEKLEL FOR STATE HOUSE.

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/8/10	ID# CK# 1249	SCOTT COUNTY DEMOCRATS P.O. Box 2009 DAVENPORT, IA 52809	Tickets for Dinner	\$ 400.00
1/31/10	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SERVICE CHARGE	5.35
2/28/10	ID# CK#	" " "	" " "	5.35
3/31/10	ID# CK#	" " "	" " "	5.35
4/28/10	ID# CK# 1250	SCOTT COUNTY DEMOCRATS P.O. Box 2009 DAVENPORT, IA 52809	AD for Dinner	75.00
4/30/10	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SERVICE CHARGE	5.35
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 496.40
TOTAL (if last page of this schedule)				\$ 496.40

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

WYNICKER FOR STATE HOUSE

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
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☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE " (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/17/10	JOE + CINDY WYNICKER 6 THODE CT PAUENPOREZ IA 52502	HUSBAND	FOOD FOR FUND RAISER	\$ 100.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 100.00	
TOTAL (if last page of this schedule)				\$ 100.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESERVED

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

WINGGLETZ FOR STATE HOUSE

SCHEDULE <b>H</b> (Rev. 02/08)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
2/2/09	LAPTOP COMPUTER + SOFTWARE	2,012.53	1,476.00

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 1,476.00

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YR)	Name and Address of Purchaser/Donor	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES &amp; TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_

(Attach Additional Schedules if Needed)